

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10361-a

1. PLACE OF DEATH

County Jasper
Township Preston
City (No.)

Registration District No. 410
Primary Registration District No. 5566

File No.
Registered No. 16
St. Ward

2. FULL NAME

Francis Marion Dwings

(a) Residence No. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Dwings

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

10. NAME OF FATHER Newton Dwings

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Elizabeth Handberg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Oliver Dwings (Address) Jasper Mo

15. FILED 6-1 1931 D. J. Nohman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/10 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/4 - 31 1931 to 3/10 1931 that I last saw ~~he~~ her alive on 3/9 1931, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: "

Valvular disease of Heart
92A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? 1

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) V. H. Hendricks, M. D.
, 19 (Address) Jasper, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Paradise Cem. DATE OF BURIAL Mar. 12 1931

20. UNDERTAKER Texter Bros ADDRESS Jasper Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 26 1931

